

**Massachusetts Department of Public Health
Amherst Drug Laboratory**

Review Checklist

Lab #: _____

Analyst: _____

	Review Items	Yes	No	Not Applicable	Comments
A	Documents Present				
1	Copy of Drug Receipt				
2	Copy of Receipt to Lab				
3	Copy of Receipt to Safe				
4	Copy of Drug Return Receipt				
5	Copy of Analysts Results Sheet				
6	Copy Of Balance Sheet				
7	Copy Of Laboratory Notes				
8	Copy Of GC Sequence				
9	Copy Of GC Standards and Blank				
10	Copy Of GC Samples				
11	Copy Of Tune Report				
12	Copy Of MS Sequence				
13	Copy Of MS Standards and Blank				
14	Copy Of MS Samples				
15	Copy Of Certificate of Analysis				
B	Preliminary Tests				
1	Are all notes legible, organized and easy to understand				
2	Do notes contain accurate description of sample				
3	Color Test Performed and Accepted				
4	Micro Crystalline Test Performed and Accepted				
5	Sampling Techniques Accepted				
6	Math Calculations Accepted				
7	Net Weight Documented				
8	Are the weights reported appropriately and are the proper units noted?				

**Massachusetts Department of Public Health
Amherst Drug Laboratory**

Review Checklist

Lab #: _____

Analyst: _____

9	Macroscopic Test Preformed and Accepted				
10	Microscopic Test Preformed and Accepted				
	Review Items	Yes	No	Not Applicable	Comments
11	Micromedex Match Accepted				
12	Literary Search Match Accepted				
13	GC Test Performed and Accepted				
14	TLC Test Performed and Accepted				
C.	Confirmatory Test				
	GC/MS				
1	Tune Performed and Accepted				
2	Sequence Log Accepted				
3	Standards Performed and Accepted				
4	Blank Performed and Accepted				
5	Sample Accepted				
6	Library Search Accepted				
	FTIR				
1	Standard Accepted				
2	Sample Accepted				
3	Library Search Accepted				
D	Reporting				
1	Drug Receipt Signed and Correct				
2	Receipt to Lab Initialed				
3	Receipt to Safe Initialed				
4	Drug Return Receipt Signed and Correct				
5	Analysis Results Sheet Completed and Correct				
6	Certificate of Analysis Completed and Correct				

**Massachusetts Department of Public Health
Amherst Drug Laboratory**

Review Checklist

Lab #: _____

Analyst: _____

Identification of Substance:

Reviewer Signature:

Date:
